

**APPLICATION FOR SECTION 6377  
MANUFACTURER'S EXEMPTION CERTIFICATE  
AND USE TAX DECLARATION***Please Type or Print Clearly***SECTION I — BUSINESS LOCATION/OWNERSHIP INFORMATION**

BUSINESS NAME		SALES/USE TAX PERMIT NUMBER
BUSINESS ADDRESS ( <i>Street</i> )		PLEASE CHECK TYPE OF OWNERSHIP  <input type="checkbox"/> Sole Owner <input type="checkbox"/> Husband/Wife co-ownership <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
(City, State and ZIP Code)		
MAILING ADDRESS ( <i>If Different from Business Address</i> ) ( <i>Street Address or P.O. Box</i> )		
(City, State and ZIP Code)		IF CORPORATION, ENTER FULL CORPORATE NAME
BUSINESS TELEPHONE NUMBER (    )	FAX NUMBER (    )	CORPORATE NUMBER/STATE OF INCORPORATION

**SECTION II — CONSTRUCTION CONTRACTOR**

**Are you a construction contractor?** (*If NO, skip to Section III.*) ☐ YES ☐ NO

**Are you constructing a special purpose building?** (*If YES, enter address below.*) ☐ YES ☐ NO

ADDRESS OF SPECIAL PURPOSE BUILDING

**Are you purchasing tangible personal property as a manufacturer's agent?**  
(*If YES, enter the manufacturer's sales/use tax permit number below.*) ☐ YES ☐ NO

SALES/USE TAX PERMIT NUMBER OF THE MANUFACTURER

*Attach a Copy of the Agency Authorization and Skip to Section IV***SECTION III — BUSINESS INFORMATION**

DATE BUSINESS WAS FIRST FORMED OR ORGANIZED	DATE YOU FIRST BEGAN TRADE OR BUSINESS ACTIVITIES ( <i>purchased manufacturing equipment, etc.</i> )
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**Have you previously been engaged in a trade or business in California?**  
(*If YES, list the name and sales/use tax permit number of the previous business below.*) ☐ YES ☐ NO

NAME AND SALES/USE TAX PERMIT NUMBER OF THE PREVIOUS BUSINESS

**Enter the SIC (Standard Industrial Code) of your business:****List below the products that are/will be manufactured.****List below all manufacturing locations where the property being purchased will be used.**

NAME OF MANUFACTURING LOCATION

(Street, City, State and ZIP Code)

NAME OF MANUFACTURING LOCATION

(Street, City, State and ZIP Code)

**Attach Additional Sheets as Necessary**  
*Continued on Reverse*

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**SECTION IV — MISCELLANEOUS INFORMATION**


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ARE YOU

☐ Starting a new business?      ☐ Incorporating an existing sole proprietorship or partnership?      ☐ Other?

☐ Buying a business?    If yes, please indicate name of former owner and account number:

FORMER OWNER

ACCOUNT NUMBER

PURCHASE PRICE

VALUE OF FIXTURES AND EQUIPMENT

\$

\$

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**SECTION V — CERTIFICATION**


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*The statements above are hereby certified to be correct to the best knowledge and belief of the undersigned, who is duly authorized to sign this application.*

SIGNATURE

TITLE

NAME (Typed or Printed)

DATE

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**FOR BOARD USE ONLY**


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SALES/USE TAX PERMIT NUMBER

APPROVED

☐ YES    ☐ NO

VALID

**FROM****TO**

MANUFACTURER'S EXEMPTION CERTIFICATE NUMBER

MANUFACTURER'S USE TAX DECLARATION NUMBER

REVIEWED BY

APPROVED BY

DISAPPROVAL REASONS:

☐ Incomplete Information☐ SIC Code Not Appropriate☐ Start of Business/Activity Prior to 1/1/94☐ No Seller's Permit or Consumer Use Tax Account☐ Agent Status Only☐ Other

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**Attach Additional Sheets as Necessary**